

CRITERIA FOR PRIOR AUTHORIZATION

Zelboraf (vemurafenib)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Zelboraf® (vemurafenib)

CRITERIA FOR ZELBORAF (VEMURAFENIB): (MUST MEET ALL OF THE FOLLOWING)

- Patient must have unresectable or metastatic melanoma
 - Documentation of a FDA-approved test indicating the presence of BRAF V600E mutation
- Must be prescribed by or in consultation with an oncologist

LENGTH OF APPROVAL: 12 months